

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW Washington, DC 20503.**

1. Agency/Subagency originating request
EPA, Office of Environmental Information

2. OMB control number b. **G** None
a **2 0 7 0 - 0 0 9 3**

3. Type of information collection (*check one*)
a. **G** New collection
b. **G** Revision of a currently approved collection
c. • Extension of a currently approved collection
d. **G** Reinstatement, **without change**, of a previously approved collection for which approval has expired
e. **G** Reinstatement, **with change**, of a previously approved collection for which approval has expired
f. **G** Existing collection in use without an OMB control number

4. Type of review requested (*check one*)
a. • Regular
b. **G** Emergency - Approval requested by: ____/____/____
c. **G** Delegated

5. Small entities
Will this information collection have a significant economic impact on a substantial number of small entities? **G** Yes • No

For b-f, note item A2 of Supporting Statement Instructions

6. Requested expiration date
a. • Three years from approval date b. **G** Other Specify: ____/____/____

7. Title **Toxic Chemical Release Reporting, Recordkeeping, Supplier Notification and Petitions under Section 313 of the Emergency Planning and Community Right-to-Know Act (EPCRA): Renewal**

8. Agency form number(s) (*If applicable*) **EPA ICR #1363-12; EPA Form No. 9350-1**

9. Keywords **Environmental Protection, Community Right-to-Know, Reporting and Recordkeeping Requirements, Toxic Chemicals**

10. Abstract **This ICR extends approval to collect information under the Emergency Planning and Community Right-to-Know Act (EPCRA) section 313 and section 6607 of the Pollution Prevention Act (PPA) of 1990. Respondents submit information concerning toxic chemical releases into the air, land and water.**

11. Affected public (*Mark primary with "P" and all others that apply with "X"*)
a. **X** Individuals or households d. ____ Farms
b. **P** Business or other for-profit e. ____ Federal Government
c. ____ Not-for-profit institutions f. **X** State, Local or Tribal Government

12. Obligation to respond (*Mark primary with "P" and all others that apply with "X"*)
a. **G** Voluntary
b. **G** Required to obtain or retain benefits
c. • Mandatory

13. Annual reporting and recordkeeping hour burden
a. Number of respondents 24,308
b. Total annual responses 88,117

1. Percentage of these responses
collected electronically 80 %
c. Total hours requested 2,477,952
d. Current OMB inventory 9,612,104
e. Difference -7,134,152
f. Explanation of difference
1. Program Change _____
2. Adjustment -7,134,152

14. Annual reporting and recordkeeping cost burden (*in thousands of dollars*)
a. Total annualized capital/startup costs 0
b. Total annual costs (O&M) 0
c. Total annualized cost requested 0
d. Current OMB inventory 0
e. Difference 0
f. Explanation of difference
1. Program change 0
2. Adjustment 0

<p>15. Purpose of information collection (<i>Mark Primary With "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management</p> <p>b. <input type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research</p> <p>c. <input type="checkbox"/> General purpose statistics g. <input checked="" type="checkbox"/> Regulatory or compliance</p> <p>d. <input type="checkbox"/> Audit</p>	<p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>)</p> <p>a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure</p> <p>c. <input type="checkbox"/> Reporting</p> <p>1. <input checked="" type="checkbox"/> On occasion 2. <input checked="" type="checkbox"/> Weekly 3. <input checked="" type="checkbox"/> Monthly</p> <p>4. <input checked="" type="checkbox"/> Quarterly 5. <input checked="" type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually</p> <p>7. <input checked="" type="checkbox"/> Biannually 8. <input checked="" type="checkbox"/> Other (describe) _____</p>
<p>17. Statistical methods</p> <p>Does this information collection employ statistical methods?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>18. Agency contact (<i>person who can best answer questions regarding the content of this submission</i>)</p> <p>Name: <u>Judith C. Kendall</u></p> <p>Phone: <u>(202)566-0750</u></p>

19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
 - (I) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (I) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Program Official

**Maria Doa, Director
Toxics Release Inventory Program Division
Office of Environmental Information**

Date

Signature of Senior Official or designee

**Oscar Morales, Director
Collection Strategies Division
Office of Environmental Information**

Date

